to be active opponents of vaccination and many of them are ignorant of even the most elementary principles of health and disease. Is it any wonder that efforts to require them to secure licenses to practice meets with political opposition? Letters of the tenor of one published in this issue (page 820) form an interesting part of our mail. They come from many places and from people in all walks of life and are a reflection of the widespread and growing opposition toward paternalism and bureaucracy in all forms of human activity, including those pertaining to health. Some official public health "officers," who a few years ago were militant in attempts to so scramble public and personal health service, that those who serve individuals and families would be forced to become agents of public health dictators or change their occupations, have seen the clouds, have shortened sail and have headed for safe harbors. Other Mussolinis of health who got started late in the race are still heading with full sail into the approaching storm.

Too many public health "officers" seem to think that a few weeks or months of "intensive training" in some school of public health, a salaried political job gives them a diagnostic acumen and therapeutic skill entirely above the comprehension of the educated family doctor.

Public versus Personal Health: Both public and personal health services being essential, what points of contact do we need? Public health deals, or should deal, with masses and is the function of public health doctors; personal health deals with individuals and the family and is the function of the personal health doctor. Economic insolvency of the individual should not constitute an exception to this definition. Public health service should be precisely the same for rich and poor, and in no instance should become personal except as necessary to protect the public. Personal health service should be left to personal health doctors who are of our population in the ratio of one to 500. The only distinction between personal service for the poor and the well-to-do is, that for the insolvent the service should be paid for by the municipalities, counties or states. This may be done by compensating the personal health doctor of the patient's choice upon a fee basis or less satisfactorily by supplying the poor with salaried personal health doctors. If every personal health doctor were a sworn officer of the public health just as every attorney is an officer of the courts it would substitute a definite, official and effective articulation between the personal health doctor and the public health doctor.

If the oath of public health office were administered by the Board of Medical Examiners in connection with granting licenses to practice medicine, and if violation of the duties inherent in this obligation were included in medical practice acts as an additional reason for discipline or revocation of license, much improvement in human welfare could be foreseen with advantages to both public health and personal health doctors and to the people. We are, of course, aware of the fact that this is not a new idea; that certain features of the suggestion have been long in practice in certain countries; that it has been "talked around" in our country and that certain of its features are covered in existing laws. Personal health physicians, for example, are required to report certain classes of infections to the public health authorities but such reports are more abstract, less fraternal and therefore less serviceable than they would be as between colleagues and fellow officials of a common service. Punishments for failure to report reportable infections upon those rare instances in which they are inflicted are now a result of court action. Under the suggestion made, derelictions of duty would be first considered by the medical licensing authority precisely as are other failures of physicians to live up to their responsibilities. Of course the inherent right of appeal to the courts would in no way be invalidated.

Are Public Health Authorities Practicing Medicine? Many of them are and some are not. Some who formerly were engaged in active competition with personal health physicians in practice among both well-to-do and the poor, have publicly announced their withdrawal from the field of individual and family practice. Others limit their private practice to the poor. Many only carry their individual practice to the point of diagnosis. Large numbers of them, often with the support of non-medical civic bodies, make diagnosis and only carry treatment to the point of giving advice and prescribing diet, living habits and most everything else that family doctors do, except giving medicine and operating. Many of these services are rendered by people who are neither educated nor licensed to assume such grave responsibilities. In several great congested centers of population people are so used to being guided by the crack of the paternalistic whip, the monopolistic whistle or the political calliope, that the additional yoke of socialized medicine disturbs them but slightly, even when dished out through clinics and health centers largely controlled and frequently served by paid agents without any or only a modicum of knowledge of the uses and dangers of the methods they are using or of the bodies and minds they use them on. The situation as it stands is an intolerable one and one would be wise indeed who could predict the future.

In California where more people have more "free" (supported by compulsory and voluntary taxation) assistance of more varieties from more sources than any other, and where even nature is lavish with her blessings, we hold, for example, the world's record for smallpox, and its hotbeds are in cities studded with "free" clinics and "free" health service stations of a bewildering variety, where a paid personnel are pleading with the rich and poor to come in and be protected or cured. It would be interesting to know what the youth of today are going to do about health when they come into their own.

DRUG ADDICTS AND DRUG ADDICTION

Duties and Responsibilities of State and Local Government

(*Continued from page 662, May issue*)

I

In the first of this series of three articles a distinction was made between the drug addict as a patient and narcotic abuses as a problem. Addicts, it was shown, are found chiefly among those often designated as problem citizens, a fact that indicates the intelligent course for

preventive and curative methods. Except in one comparatively small group, drug addiction is but one—often the least important—of the multiple infirmities of the victims, and it was postulated that treatment, to offer any hope of permanent cure, must be *of the patient* for *all* of his infirmities that may be found by a thorough examination by an educated physician. Similar correctives widely applied to the larger groups of problem citizens who are potential addicts are also basic in preventive efforts.

It was shown, and is here reiterated, that while drug addiction is quite as much an individual health problem as, for example, smallpox, the broader question of narcotic control is a problem of society as a whole; as much so as is crime, juvenile delinquency, the protection of persons and property and similar problems, all of which have their tap roots in the same social quagmires.

Viewed in this light, drug addiction is serious enough, important enough, complicated enough, in every state and political unit, to occupy the spare time and spare funds of worth-while citizens. If we will only concentrate upon an intelligently conceived plan and attack simultaneously upon all important fronts, maintaining healthy contact with the campaign in other states and with national efforts, all of our forces will be so effectively engaged that we may convert a growing evil into a declining one. We will be successful precisely as all of our forces, official and voluntary, legislative, law-enforcing, administrative and advisory, work in concord.

Any promising plan to help addicts must recognize: (1) *That* there will be addicts as long as human frailties are what they are; (2) *That* habit-forming drugs are the most valuable, and for certain conditions the only drugs known to science for the relief of suffering and the treatment of disease; (3) *That* legal and other restrictions of honorable, adequately qualified doctors should be elastic enough to permit them to render intelligent service without the ever-present fear of violating some superlatively stupid law or regulation designed and enforced as a highly profitable revenue measure; (4) *That* license to practice medicine and use, not only habit-forming, but other dangerous substances, should be based upon education and character, and should be far more rigid than it is; (5) *That* control over doctors, including the power of discipline, should be vested in competent state authority qualified in medical and health welfare and not tax-collecting bureaus; (6) *That* from health, as well as administrative points of view, the nearest practicable approach to "standardization" of addicts is to group them as those (a) *who* are otherwise reasonably healthy—physically, mentally, socially; (b) *who* are otherwise infirm or defective, of correctable conditions; (c) *who* are otherwise incurably infirm or defective; (d) *who* are criminal, degenerate, or dangerous.

Obviously individuals in each group vary so widely as to require personal medical care, but the grouping helps administratively. Obviously also the group location, as well as effective personal assistance, of every addict depends primarily on an accurate and complete diagnosis and prognosis arrived at by thorough medical study.

II

Addicts who are otherwise reasonably healthy (physically, mentally, socially) are in the first instance medical problems. No one knows how many of them there are, but many of them are successfully treated and cured by physicians acting in their usual, confidential, personal service capacities. There is no reason for government or any other agency to interfere in this phase of drug addiction, except when the patient for one reason or another passes into one of the other groups or when the physician proves unfaithful to his trust. It is the duty of the state to safeguard patients and the public against the frailties or criminal propensities of such physicians. Such safety devices should be provided and enforced by the Physicians' Licensing Board as a health-conserving measure rather than by tax collectors for purposes of revenue.

Professional secrecy and intelligent, personal, sympathetic service is as helpful in the successful management of this class of patients as it is in those suffering from illnesses due to illicit sexual relations. Those who are unable to bear the costs of personal service should have it under competent care, provided by the county or state. The usual attempt to brand these patients as drug addicts, by law and regulations, or make the honest doctor who treats them a law violator is an asinine blunder that only a government could be guilty of and survive.

Addicts who are otherwise ill or defective, of correctible conditions, are also pre-eminently medical problems; more difficult and more expensive to cure than are those of the preceding group, to be sure, because the cure of their addiction depends primarily upon a simultaneous cure of their other infirmities and defects. The unusual time and consequently increased costs of correcting multiple defects breaks down the financial solvency of many and thereby transfers the problem from the family doctor to the health machinery of the state or county. Evidence seems conclusive that most counties and some states are not prepared to render the quality of service many of these patients—or others for that matter—must have if they are to be restored to society as useful citizens, and without which many of them drift into the class of incurables and become a permanent liability of the state. We are therefore confronted with the responsibility of markedly improving the existing health agencies of counties and states or of creating new ones. Until new ideas of civic responsibilities and methods of discharging them have been widely inculcated, there is no promise that new health institutions would be any more intelligently efficient than are existing ones. These for the most part are appalling, and they will not be materially improved, particularly in many counties, until public interest has been aroused and sustained.

However, regardless of the quality of the service society is prepared to render these unfortunates during the active stage of medical treatment, an additional service for convalescents is necessary. The period between removal of defects and the causes of illness and complete ability to again take up life's burdens—convalescence—is a trying one to all patients and a particularly delicate one for those familiar with the temporary comforting possibilities of certain drugs. Many varieties of institutions, homes, farms, camps, colonies, and what-not have been proposed to fill this distinct gap in our health conserving activities, and some are in operation. California, through the initiative of the legislative committee under the chairmanship of Senator Sanborn Young; the California Medical Association through its narcotic committee, of which Dr. Morton Gibbons is chairman; the Federated Women's Clubs through a special section under the chairmanship of Dr. Louise B. Deal; the Commonwealth Club through its section on public health; the Los Angeles Medical Association through its committee, of which Dr. William Duffield is chairman, and other organizations, is now engaged in an effort to make plans for a more effective campaign against this vice.

Addicts who are otherwise incurably infirm, defective or irresponsible because of physical, mental, or social ailments are a large, probably the largest, group of drug victims, and they are a difficult problem. This group is distinguished from those just considered chiefly by being more of a problem for social assistance than one for scientific medicine. The diagnosis, as for individuals of all other groups, may be made only by careful study by competent physicians, and a certain amount of intelligent and sympathetic medical care is required for each patient as long as he lives. For many of them the protracted use of a certain amount of narcotic drugs is indicated by scientific and humane considerations. But the chief problem—large because of expense—is one of humane care, which is supplied by private funds for the well-to-do and should be furnished by the state for all others. This care, in the first instance, is that which ought to be provided for precisely the same group of citizens who are not addicts. The tendency is to overlook the obvious fact that drug addiction is the least important of the troubles of these individuals; that "cure" of the addiction usually only adds to the difficulties of the patient's care; increases suffering; may convert a harmless patient into a dangerous one and often shortens life. These patients are more numerous than is generally appreciated. They are in all walks of life, and many of them extend their

useful lives by the sustaining and comforting help of narcotics wisely used.

Authority to decide when, how much, and to whom of these patients narcotics may be given, should be taken out of the hands of tax-collecting bureaus, where it now largely rests, and put under public health or other competent medical authority. The ever-tightening cordon of rules and regulations with which tax collectors surround the doctor, and a large and important group of his patients, has become so stupidly obnoxious that no intelligent, honest physician, nor even a consultation of a score of them, can use his best judgment in employing remedies for certain patients which he believes they should have, without permission of a revenue agent, which may be secured by complying with red tape more suitable for the government of criminals than for members of a humanitarian profession. In "justification" for their official red tape and espionage by under-cover agents over doctors and patients, revenue agents point to the criminals they find among doctors and to the false diagnoses they discover among alleged sick and suffering patients. Such criminals do exist, and decent physicians, even more than others, want to see them caught and adequately punished, but they do not believe that the present methods of revenue bureaus are intelligently effective either in licensure or subsequent control of those they license. Important stupidities of present methods are shown in the licensing, by a revenue bureau, of "doctors" in California, for example, who never saw the inside of a good medical school; forcing suffering, solvent citizens to either have their infirmities written into government documents or resort to illegal methods of securing the remedies that their physicians—or even a group of physicians—believe best for them; requiring the decent physician to either become a party to the exposure of his patient's most personal affairs in government records, become a criminal himself, or connive at criminal methods of his patient in securing useful remedies.

The group of addicts who are criminal, degenerate, and otherwise dangerous to society is a large and increasing one. It is a problem comparable in all essentials of cause, cure, and effect with that of similar groups who are not addicts. The important service physicians can render in its management is to assist in arriving at a fair diagnosis for each victim and to supply such intelligent relief from suffering as may be indicated. Whether even these derelicts should be universally punished by the customary routine prohibition of narcotics, in addition to their prison discomforts, may be open to debate. Otherwise these unfortunates must be treated as prisoners, and for this purpose a jail that is good enough for similar individuals who are not addicts is good enough for the drug user. Some states are noted for their elegant prisons, where comforts and living conditions for inmates rival those of average citizens. In some counties of California the jails are finer, better kept, and the "guests" better served than are the county hospitals and their patients.

III

There is a real need for controlled convalescent service for one considerable group of addicts. Similar service is equally desirable for many other classes of defective and infirm citizens. Whether a state or county should concentrate these services in general institutions, camps, colonies, farms or what-not, or whether there should be a separate institution to meet such requirement, is a debatable question or at least a debated one. Certainly any change from present methods would be an improvement. We now have special "reconstruction," "vocational training," "rehabilitation," "convalescent," etc., institutions, camps, colonies, etc., for veterans of the World War, and other wars; the deaf, dumb and blind; the aged, crippled and defective; the mental aberrants; the tubercular; female prostitutes; convicts and other groups, still further divided into men, women, and children. Drug addicts undoubtedly are included in the population of all these institutions, and there are still other groups of problem citizens—potential addicts—awaiting public discovery.

It may be that more may be accomplished by making drug addiction one of the basic lines of division in grouping our problem citizens for the purpose of improved and economical assistance. At least the statement is noncontroversial, that society has a definite obligation to give every handicapped citizen, including drug addicts, ample opportunity and such assistance as needed to "come back"; for the hopelessly insolvent, reasonable comfort, and for the criminal and otherwise dangerous, safe confinement.

(*To be concluded in the July issue*)

No other medical writer within our knowledge discusses certain phases of health with quite the utter frankness of Dr. Etta Rout of England. Her writings about contraceptive and aborticeptive practices are familiar to many physicians and many others. Of her recent article (Medical Journal and Record, December 2, 1925), the Therapeutic Gazette says that she points out that the meanest man or woman has some appreciation of sexual pleasure, and prophylactics which lessen pleasure will never be popular, therefore will be of little use in preventing disease. For example, calomel ointment is unsuitable internally for women; it causes salivation and irritation. Greasy substances used beforehand are thoroughly disliked, as being messy and uncomfortable, reducing friction and destroying direct contact. She has tried out various kinds of suppositories for years, and found all of them unsatisfactory in different ways, usually because of stickiness or greasiness. For nearly two years she has been experimenting with different kinds of effervescing suppositories, and at last has attained success with a tablet which is being sent to Chicago as a prophylactic packet for women. Laboratory tests have shown that these prophylactic tablets will destroy the gonocci by contact in one minute; the weakest dilution of chinosol which kills the gonococci in one minute is one in four thousand, and the tablet gives approximately one to one thousand to one in two thousand, assuming an average amount of secretions. The tablet is stainless, odorless, tasteless, nonirritating, nongreasy, readily soluble in moisture but unaffected by heat. She is now satisfied something has been evolved which will be acceptable to ordinary men and women for use before connection, when it will protect both parties; and if used afterward only, it will help to protect women from infections in the genital passages. If it could be put on sale as frankly and simply as tooth paste or hair shampoo, fresh infections would certainly be largely reduced; and there is really no natural reason why prophylactics should not be sold as openly as toothbrushes. We have long since ceased to rely on dirt and disease as aids to sanctity; why then do some of us still wish to found sex morality on them?

In her study of social welfare clinics in Chicago she found that scarcely any of the men and none of the women had an adequate knowledge of prophylaxis, but they were all ready to listen to instruction and most of them anxious to acquire knowledge. One important feature was that the pimp brought in the prostitute he was running to see if she was free from disease, to learn how to keep her clean, and if found to be infected he arranged and paid for her continuous treatment. Thus the pimp has come to have a social value, as the medium through which medical supervision can be exercised where it is most needed. Women welfare workers are the most inexperienced as to the sex life of fair average collections of men and girls; and they almost entirely fail to realize the atom-sorting processes to which humanity responds, whereby some women inevitably become prostitutes, some free lovers, some conventional wives and mothers, some foster parents, some neuter workers, some perverts, and some apparently repeat in their adult life the embryonic race history of their ancestors from promiscuity to monogamy.

Rout asserts that the fundamental position is this, and till it is recognized no headway can be made: that the sexual possibilities of mankind are greater than the sexual requirements of permanent love and marriage. Therefore irregular intercourse is inevitable for imperfect humanity, and failure to make this irregular intercourse safe will result in making marriage the most dangerous of all our social institutions."